

# CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001537**

<b>GENERATOR</b> (Generator Must Complete)  ② Name <b>ALUMINUM COMPANY OF AMERICA VERNON WORKS</b> EPA NO. <b>C A D 0 7 4 1 2 6 6 8 1</b> Address <b>5151 Alcoa Ave.</b> Phone No. <b>588-6141</b> City, State, Zip <b>Vernon, Ca. 90058</b>	③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)  Name <b>OPERATING INDUSTRIES, INC.</b> EPA NO. <b>C A D 0 8 0 0 1 2 0 2 4</b> Address <b>900 N. Potrero Grande Dr.</b> City, State, Zip <b>Monterey Park, Ca.</b>	④ Alternate TSD Facility Name <b>CHEMICAL WASTE MANAGEMENT INC.</b> EPA NO. <b>C A T 0 0 0 6 4 6 1 1 7</b> Address <b>P.O. Box 1104, 430 W. Elm Ave.</b> City, State, Zip <b>Coalinga, Ca. 93210</b>
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SFUND RECORDS CTR  
999000339

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY <b>#7</b> LIST COMPONENTS:	⑦ EX. HAZ. WASTE PERMIT NO. _____ CONC. UPPER RANGE LOWER UNITS	⑧ GENERATING PROCESS <b>Aluminum Fabrication</b> CONC. UPPER RANGE LOWER UNITS
⑨ A. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm. B. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm. C. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm. D. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm. F. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm. G. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm. Non Hazardous Material <b>100</b> %	H. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm. I. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm. J. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm.

⑩ WASTE PROPERTIES: pH **7** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **Aluminum Oxides & Water**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other \_\_\_\_\_

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *[Signature]* Signature of Authorized Agent and Title **4-10-81** Date Shipped

**TRANSPORTER** (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**  
 EPA NO. **C A D 0 2 8 2 7 7 0 3 6**  
 ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**  
 CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **4/10/81**  
 TIME **8:00** ☒ AM ☐ PM  
**4/10/81** Date

⑯ *[Signature]* Signature of Authorized Agent and Title

**TSD FACILITY** (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **OPERATING IND. INC.** QUANTITY (If Measured) **100 BBL**  
 EPA NO. **C A T 0 8 0 0 1 2 0 2 4** ⑱ STATE FEE (If Any) \_\_\_\_\_  
 PHONE NO. \_\_\_\_\_

⑳ HANDLING OR DISPOSAL METHOD:  
☐ Surface Impoundment ☒ Landfill  
☐ Injection Well ☐ Land Treatment  
☐ Treatment (Specify) \_\_\_\_\_  
☐ Recovery or Reuse ☐ Storage/Transfer

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: \_\_\_\_\_  
 IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: \_\_\_\_\_

㉒ NAME \_\_\_\_\_  
 EPA NO. \_\_\_\_\_

㉓ *[Signature]* Signature of Authorized Agent and Title **4-10-81** Date Accepted